



UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

December 30, 2005

VARNUM, RIDDERING, SCHMIDT & HOWLETT LLP
333 BRIDGE STREET, NW
P.O. BOX 352
GRAND RAPIDS, MI 49501-0352
US

Dear Sir/Madam,

Your refund request for 10532178 in the amount of \$500.00 has been denied .

Small entity status fee not refundable. The time has expired for the refund of this fee. A refund based on establishment of small entity status may only be obtained if a verified statement under 37 CFR 1.27 and a request for the refund of excess amount are filed within three months of timely payment of the full fee (37 CFR 1.28).


Sincerely,
RITA WHITE
PCT - National
703 308-9140 x231

BEST AVAILABLE COPY

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): GAVRIELY, Noam; INTRATOR, Nathan
For: ACOUSTIC CARDIAC ASSESSMENT
Intl. Appl. No.: 10/532,178
Intl. Filing Date: April 21, 2005
Our Ref: Tsivion P7US0
Mail Stop 16
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

REQUEST FOR REFUND

The fees heretofore paid in the above patent application were incorrectly based on large entity status of Applicant. Applicant is a small entity and respectfully requests a refund in the large entity fees previously paid as follows:

	<u>Fees Paid</u>	<u>Over Payment</u>
Basic National Fee	\$300	\$150
Examination Fee	\$200	\$100
Search Fee	\$100	\$50
Surcharge (claims)	\$400	\$200
Total	\$1,000	\$500

The foregoing fees were charged to Deposit Account No. 22-0257, please credit the refund to Deposit Account No. 22-0257.

Applicant hereby affirms that Applicant is a small entity and that the present application is entitled to small entity treatment pursuant to 37 C.F.R. §1.27.

Respectfully submitted,

NOAM GAVRIELY, NATHAN INTRATOR

Dated: 11/13/05

By 
John A. Waters, Reg. No. 24,802

VARNUM, RIDDERING, SCHMIDT & HOWLETT
Bridgewater Place
333 Bridge Street
Post Office Box 352
Grand Rapids, Michigan 49501-0352
(616) 336-6000

Please type a plus sign (+) inside this box → **[+]**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT TRANSMISSION FORM

PTO/SB/21 (08-00)

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE
Approved for use through 10/31/2002. OMB 0651-0031
A collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Intl. App Number	10/532,178
Intl. Filing Date	04/21/2005
First Named Inventor	GAVRIELY, Noam
Group Art Unit	
Examiner Name	
Attorney Docket Number	Tsivion P7US0

1

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts /Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

VARNUM, RIDDERING, SCHMIDT & HOWLETT LLP
JOHN A. WATERS

Firm or Individual Name

Signature

Date

John Waters
11/18/05

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop 16, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Typed or printed name Courtney N. Lapekes

Signature

Date

11/18/05

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

BEST AVAILABLE COPY